

\*REPRINT\*

Work Order ID 160480

\*160480\*

Monday, June 12, 2017 8:03:49 AM

Item ID: D5076-041 Accept \*N900040100\* Setup Start \*NS1\*  
Revision ID: Stop \*NS2\*  
Item Name: Fwd Bracket Assembly  
Start Date: 6/12/2017 Start Qty: 1.00 \*1\* Cust Item ID:  
Required Date: 6/14/2017 Req'd Qty: 1.00 \*1\* Customer:  
Reference:

Approvals: Process Plan: [Signature] Date: JUN 12 2017 Tooling: Date: Run Start \*NR1\*  
QC: Date: SPC (Y/N): Date: Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D5076    | A            |

100

0.00

\*100\*

Small Fab

Memo

0.71

Small Fab

1 - Assemble as per dwg

\*\*\*TORQUE SCREW AS PER DWG, SEE NOTE 8, SHEET 1\*\*\*

DAS  
30  
9-89

①

JUN 12 2017

110

QC5- Inspect part completeness to step on W/O

0.00

\*110\*

QC

Memo

0.04

Quality Control

DAS  
30  
9-89

JUN 12 2017

120

0.00

\*120\*

Packaging

Memo

0.00

Packaging

5/6/17

1

DAS  
6  
9-89

JUN 14 2017

**Work Order ID 160480**

Monday, June 12, 2017 8:03:49 AM

**\*160480\***

Page 2

**Item ID:** D5076-041 **Accept** **\*N900040100\*** **Setup Start** **\*NS1\***  
**Revision ID:** **Stop** **\*NS2\***  
**Item Name:** Fwd Bracket Assembly  
**Start Date:** 6/12/2017 **Start Qty:** 1.00 **\*1\*** **Cust Item ID:**  
**Required Date:** 6/14/2017 **Req'd Qty:** 1.00 **\*1\*** **Customer:**  
**Reference:**

**Approvals:** **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Run Start** **\*NR1\***  
**QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Stop** **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| <b>*130*</b>                   |                                             |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                        | 0.20                 |         |        |              |               |               |                  |                |
| Quality Control                |                                             |                      |         |        |              |               |               |                  |                |

17/6/13 

DAS  
21  
9-89

JUN 12 2017

# Picklist Print

Monday, June 12, 2017 8:03:48 AM

Page 1

Work Order ID: 160480

\*160480\*

Parent Item: D5076-041

\*D5076-041\*

Parent Item Name: Fwd Bracket Assembly

Start Date: 6/12/2017

Required Date: 6/14/2017

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP REV:A 14.04.02 PER DWG REV.A DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit              | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|--------------------------|--------------|---------------|----------------|--------|
| AN525-832R7<br>Screw            |                        | Purchased     | No          |                     |                  | 100             | Each               | 87.0000        | 4<br>DAS<br>**30<br>9-89 | 4            |               | JUN 12 2017    |        |

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| GA       | 3       |          |
| m136147  | 3       |          |
| ST328    | 84      |          |
| m136983  | 84      |          |

|                                            |  |              |    |  |  |     |      |        |                          |   |  |             |  |
|--------------------------------------------|--|--------------|----|--|--|-----|------|--------|--------------------------|---|--|-------------|--|
| D4434-045<br>Fwd Outboard Bracket Assembly |  | Manufactured | No |  |  | 100 | Each | 4.0000 | 1<br>DAS<br>**30<br>9-89 | 1 |  | JUN 12 2017 |  |
|--------------------------------------------|--|--------------|----|--|--|-----|------|--------|--------------------------|---|--|-------------|--|

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST619    | 4       |          |
| 160479   | 4       |          |

|                                           |  |              |    |  |  |     |      |        |                          |   |  |             |  |
|-------------------------------------------|--|--------------|----|--|--|-----|------|--------|--------------------------|---|--|-------------|--|
| D5076-043<br>Fwd Inboard Bracket Assembly |  | Manufactured | No |  |  | 100 | Each | 1.0000 | 1<br>DAS<br>**30<br>9-89 | 1 |  | JUN 12 2017 |  |
|-------------------------------------------|--|--------------|----|--|--|-----|------|--------|--------------------------|---|--|-------------|--|

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| ST617    | 1       |          |
| 158854   | 1       |          |

B 158854

①

**Work Order ID 160480**

Friday, April 28, 2017 2:51:21 PM

**\*160480\***

Page 1

Item ID: D5076-041

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Fwd Bracket Assembly

Start Date: 5/1/2017 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 5/3/2017 Req'd Qty: 2.00

**\*2\***

Customer:

Reference: (P.A.)SCHEDULED/S

Approvals:

Process Plan:

DAS

Date: MAY 01 2017

Tooling:

Date:

Run Start **\*NR1\***

QC:

DAS

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

Draw Nbr

Revision Nbr

D5076

A

Pick kit

DAS  
9-89

JUN 01 2017

100

0.00

**\*100\***

Small Fab

Memo

0.71

Small Fab

1- Assemble as per dwg

\*\*\*TORQUE SCREW AS PER DWG, SEE NOTE 8, SHEET 1\*\*\*

110

QC5- Inspect part completeness to step on W/O

0.00

**\*110\***

QC

Memo

0.04

Quality Control

120

0.00

**\*120\***

Packaging

Memo

0.00

Packaging



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                            |  |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                                                                                                                                                            |  |  |

Friday, April 28, 2017 2:51:21 PM

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### Quality Control

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER : <input type="checkbox"/>                                                                                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                                                                                    |  |

**Picklist Print**

Friday, April 28, 2017 2:51:21 PM

Page 1

Work Order ID: 160480

**\*160480\***

Parent Item: D5076-041

**\*D5076-041\***

Parent Item Name: Fwd Bracket Assembly

Start Date: 5/1/2017

Required Date: 5/3/2017

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP REV:A 14.04.02 PER DWG REV.A DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

AN525-832R7

Purchased

No

100

Each

103.0000

4

8

**\*AN525-832R7\*****\*\***

Screw

LocationLoc QtyLoc Code

GA

15

m136147

15

ST328

88

m136983

88

D4434-045

Manufactured

No

100

Each

3.0000

1

2

**\*D4434-045\*****\*\***

Fwd Outboard Bracket Assembly

LocationLoc QtyLoc Code

ST619

3

158028

1

159030

2

D5076-043

Manufactured

No

100

Each

4.0000

1

2

**\*D5076-043\*****\*\***

Fwd Inboard Bracket Assembly

LocationLoc QtyLoc Code

ST617

4

158030

2

158854

2



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |                                                 |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |                                                 |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |                                                 |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   |                                                 |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   | Completed By                                    |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                   | QC / QA Coordinator<br>Approval                 |  |

  

| Root Cause                                  |                          |                       | FAULT CATEGORY           |                        |                          |                                   |                          |                       |                          |                      |
|---------------------------------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------|--------------------------|-----------------------|--------------------------|----------------------|
| Environment <input type="checkbox"/>        | <input type="checkbox"/> | No Re-verification    | <input type="checkbox"/> | Pressure/Forced        | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/> | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     |
| Design <input type="checkbox"/>             | <input type="checkbox"/> | Operator              | <input type="checkbox"/> | Bending                | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/> | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   |
| Doc/Data <input type="checkbox"/>           | <input type="checkbox"/> | Offset/Setup          | <input type="checkbox"/> | Centre Not Concentric  | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/> | Grain                 | <input type="checkbox"/> | Over/Under tolerance |
| Equip/Tooling <input type="checkbox"/>      | <input type="checkbox"/> | Supplier              | <input type="checkbox"/> | Cracks                 | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/> | Weld                  | <input type="checkbox"/> | Part Incorrect       |
| Handling/Pre <input type="checkbox"/>       | <input type="checkbox"/> | Training              | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    |
| Material <input type="checkbox"/>           | <input type="checkbox"/> | Use for Testing       | <input type="checkbox"/> | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/> | Part Moved           |
| Internal Transport <input type="checkbox"/> | <input type="checkbox"/> | Poor Information      | <input type="checkbox"/> | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/> | Drawing              |
| Tribal Knowledge <input type="checkbox"/>   | <input type="checkbox"/> | Rushing               | <input type="checkbox"/> | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/> | Finish               |
| LOA <input type="checkbox"/>                | <input type="checkbox"/> | Product Improvement   | <input type="checkbox"/> | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/> | Misread              |
| Substation <input type="checkbox"/>         | <input type="checkbox"/> | Process Improvement   | <input type="checkbox"/> | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     |
| Past Expiry Date <input type="checkbox"/>   | <input type="checkbox"/> | Manufacturing Process | <b>OTHER :</b>           |                        |                          |                                   |                          |                       |                          |                      |
| Misidentified <input type="checkbox"/>      | <input type="checkbox"/> | Past Due              |                          |                        |                          |                                   |                          |                       |                          |                      |